Form No. 3334

Life Insurance Corporation of India

_____Division

C N S Questionnaire

Proposal No …….

Full Name of Life to be Assured …….. Age ……

SPECIAL QUESTIONS IN REALATION TO THE EXAMINATION OF CENTRAL NERVOUS SYSTEM TO BE COMPLETED BY THE MEDICAL EXAMINER

(The Medical Examiner should give his remarks against each item mentioned below)

1. Headache :			
2. Memory :			
3. Temper			
4. Speech			
5. Sleep			
6. Delusions			
7. Fits, Paints, Giddiness			
8. Ataxy			
9. Nervousness			
10. Tremors			
11. Sight			
12. Strabismus			
13. Hearing	Tinitus	Ear Discharge	
14. Taste			
15. General Weakness			
16. Type of Paralysis	Upper Motor neuron type / Lower Motor neuron type		
17. Cramps			
18. Sphincters	I) Rectal 2) Vesical		

19 Reflexes	Elbow, Wrist, Knee, Ankle, Planter Reflex	
20. Sensory functions:		
21. Motor System	I) Involuntary movements	
	i) Atrophy or hypertrophy	
	ii) Tone	
	iii) Power	
	iv) Co-ordination.	
22. Trophic changes		
23. Posture and Gait		
24. General remarks		

Dated at …….. On the ……. Day of …….. 20.

Signature of the Life to be Assured

Signature of the Medical Examiner

Qualifications ……

Code no……..

Address ……